

Resource Guide for DMHA Youth Providers 2019

To our DMHA Home and Community Based Services Youth Providers, this resource guide offers valuable assistance and directions for the DMHA CMHW application process. It includes links to the DMHA Youth Provider webpages that you will need to refer to often.

PROVIDER INFORMATION WEBPAGE:

<https://www.in.gov/fssa/dmha/youthservices/provider-information/>

What can be found here? The latest application forms are always available for download. Resource guides, training webinars, technical guidance like county updates, billing resources, and most importantly the *CMHW Module (Manual)* can be obtained here. Please be sure to use the latest application forms, documents and guides found on this webpage as they are updated regularly.

ANNOUNCEMENT WEBPAGE:

<https://www.in.gov/fssa/dmha/youthservices/announcements/>

The Announcement webpage is where you will find the most current DMHA announcements, updates, and other important information. This is where you can sign up for the Indiana Systems of Care mailing list. You are required to sign up for this mailing list to receive up-to-date information and important announcements (see the example on the following page).

DMHA INCIDENT AND PROVIDER SUMMARY WEBSITE PORTAL

<https://dmhareport.fssa.in.gov/>

This website is available for filing Incident Reports and this is also where access to the Provider Summary Report can be found. Directions for downloading your provider summary is found in the *PowerPoint directions named County updates for HAB, FST, and RES providers* under subheading *Technical Guidance* on the [Provider Information webpage](#).

SOME TERMINOLOGY AND CLARIFICATION:

CMHW Module:

The top page number found of electronic pdf document of the CMHW Module is the page number that is used when referencing page numbers throughout this guide. It is the responsibility of every provider to read and become familiar with the policies found in the CMHW Module so as to implement them in your services and practice model.

HCBS Service Providers

All HCBS Service Providers must continue to remain informed about their roles, service scope and documentation requirements to remain within compliance as a CMHW Provider. See *Section 13 Service Providers* starting at page 53 of the CMHW Module for information regarding service providers and the application process.

Wraparound vs. Wraparound Facilitation/Facilitators:

There seems to be a lot of confusion regarding these two terms. *Wraparound Facilitation and Wraparound*. For [clarification](#) see the glossary on page 128 of the CMHW Module.

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Tobi Database:

You will see information regarding the DMHA electronic case records management system called TOBI. Access and use of the Tobi database is provided to Wraparound Facilitators who work at accredited agencies or CMHCs and who facilitate and supervise the process of wraparound.

HAB, FST, & RES providers:

Please do not complete Tobi user forms or take the provider webinars for CMHW orientation for wraparound facilitators.. Do not complete and submit the Tobi user agreement or other related WF documents. If you submit this with your applications, it will cause confusion and your application will also be considered in error and returned.

Indiana System of Care Announcement Page:

Have you signed up for the INSOC mailing list?

<https://www.in.gov/fssa/dmha/youthservices/announcements/>

Sign up now for all important provider announcements.

Webpage View:

The screenshot shows the top navigation bar of the Indiana.gov website. It includes the IN.gov logo, the Family and Social Services Administration logo, and several menu items: DFR Benefits Information, HIP, SNAP (Food Assistance), and Health Coverage. Below the navigation bar, there are dropdown menus for 'I Want To' and 'FAQs', and buttons for 'Find an Agency' and 'Gov. Eric J. Holcom'. The main content area features a breadcrumb trail: HOME / INDIANA YOUTH SYSTEM OF CARE / ANNOUNCEMENTS. The page title is 'Announcements'. The main text reads: 'This is a forum for the Division of Mental Health and Addiction (DMHA) Youth Services to deliver providers and agencies announcements regarding upcoming events, new policies, service programs and other information that may impact the state's intensive alternative community-based service programs, providers or service delivery.' Below this text, there is a sign-up instruction: 'Sign-up to receive up-to-date information and announcements by [clicking here.](#)' The link 'clicking here' is circled in blue.

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WHAT HAPPENS AFTER TRAINING?

- 1.) Your resume submission was approved, and you were invited to attend training,
- 2.) You've completed HAB & FST Training. (Agencies, all employees and future employees must also receive training.)
- 3.) You've received your email pass notice.
- 4.) Now, it's time for the application process!
- 5.) After submitting a complete application and receiving an approval letter, you must then enroll in Indiana Health Coverage Programs (IHCP / Medicaid).
- 6.) Successful enrollment results in an approval letter from DXC along with your provider ID. (As the state's financial vendor DXC processes both paper and electronically submitted medical claims for the Traditional (fee-for-service) Medicaid programs.).
- 7.) Send the approval letter to DMHA along with all Rendering NPI numbers from the NPI enumerator registry (all directions provided with CMHW approval letter).
- 8.) Your provider record is activated in the provider database and you will be showing up in the CMHW provider picklist.
- 9.) The rest is up to you!

As you can see, training is only the *first part* of the application process. The submission of a complete application packet to DMHA for approval as an individual provider, an agency, and/or for additional is **required** for CMHW approval to provide services.

There is a 4-week turnaround for all applications. Please refrain from contacting DMHA regarding your application's status unless it has been longer than 30 business days after it was e-mailed. See CMHW Module page 58.

After the DMHA Youth Provider Training, participants will receive pass/fail results via email. Upon receiving your **pass** results, you may now submit your application with required documentation to DMHA for CMHW services approval. Include a copy of the email(s) from Julie Bandy informing you of pass information in your application packet.

No hard copy certificates are provided for Habilitation or Training and Support of the unpaid caregiver. DMHA adds the results of your provider training to the provider database and compares your copy of the email you include in your application.

A Respite certificate is provided after completion of the Respite webinar training taken on-line by **first submitting a resume to** DMHAyouthservices@fssa.IN.gov. The Respite certificate should be completed and signed and must be included in your application. Only those who meet the qualifications for Hab and FST training are eligible to take the Respite webinar found on the Provider Information webpage

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IHCP PROVIDER ENROLLMENT AND FEES:

Are you aware of what is expected of a Medicaid Provider? You will now be running your own provider business, so here's a link to the Indiana Health Coverage Programs otherwise known as Medicaid: <https://www.in.gov/medicaid/providers/index.html>

- When in the IHCP Provider webpage, click on the [Provider Enrollment](#) tab.
- In the Provider Enrollment webpage, scroll down and read through all the subheadings regarding enrollment, fees for agencies, and other critical information that affect your services as a CMHW provider.
- Questions regarding **IHCP provider enrollment and agency enrollment fees** should be directed to Indiana Medicaid. See the CMHW enrollment policy below:

Child Mental Health Wraparound enrollment policy (announcement from 1/2/2020):

Since July 1, 2018, CMHW providers are required to be enrolled as groups with attached renderings. The Division of Mental Health and Addiction is updating this policy to allow for those who are authorized as individual providers, using their Social Security Number as their taxpayer ID, to enroll as billing providers.

Provider Type	Taxpayer ID	NPI Type for enrollment	Employee Rendering NPI Requirement
Accredited Agency	Employer Identification Number	Group NPI only	Each CMHW-authorized employee must obtain a rendering NPI, be enrolled and linked to the group
Non-Accredited Agency	Employer Identification Number	Group NPI only	Each CMHW-authorized employee must obtain a rendering NPI, be enrolled and linked to the group
Individual	Social Security Number	Billing	N/A

All agencies will be required to pay an enrollment fee to IHCP (Medicaid).

- DMHA recognizes that some providers have had difficulty enrolling properly. DXC and DMHA developed *IHCP Enrollment Guide for CMHW providers* found on the Provider Information webpage. This is a screen-by-screen guide for properly enrolling in IHCP. Please use this as your resource. All enrollment questions must be directed to Medicaid.
- To check on your current enrollment status, providers may use the IHCP provider portal, or contact your IHCP Provider Representative.
- **DMHA requires all CMHW providers to enroll as directed and that all claims be submitted using the appropriate rendering NPI/LPI number of you and your employees**

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Your Home- & Community-Based Services Training for the CMHW Program is valid for one year.

Successful completion and passing of the HCBS training will remain valid for only one calendar year. If an application is not submitted to DMHA within one year of your passed training date in whatever capacity (individual, non-accredited agency, or employee), the training is expired and must be retaken. This is to ensure that providers have received training on the **current standards and policies.**

Agencies hiring new employee(s) that have been HAB & FST certified for the CMHW must ensure that their applicant's certification has not been over one year without providing any services. If so, their certification is expired, and they will have to retake training.

Staff/employees can work for more than two agencies. Someone who is an CMHW agency owner and who serves as their own rendering provider (employee) can also work for another agency. However, their continuing education has to be current or kept up as DMHA will check on that at the time of application submission. If not they will be required to retake the training.

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The following supplemental information is being provided to help guide you through the required documents that will need to be included or completed in order to submit a complete application.

1. **We have new applications & update them regularly!** Discard any older application forms you may have downloaded or copied and held onto for a while. **Always** go to the Provider Information webpage <https://www.in.gov/fssa/dmha/2764.htm> to download the **current applications**. Updates are made often as processes out of our control change.
2. Your **CPR** certificate/card should show name, certification date and/or expiration date.
3. A clear and legible copy of your driver's licenses is required (please enlarge if possible).
4. A copy of your current vehicle registration (for habilitation and respite providers) showing the vehicle ID number. It must be legible, and the VIN must match the insurance card/documentation being submitted. Preferably, provide the insurance ID card you would show a police officer, if you were in an accident. The CMHW program does not require declaration pages or amounts of liability. The ID card must have a start date and end date.
5. A copy of your current vehicle insurance card/documentation (for habilitation and respite providers) showing the VIN is required. The copy must be legible, and the VIN number must match the vehicle registration you are submitting.
6. L-1 INKless FBI Fingerprint Criminal History check results must be under one year old when submitted to DMHA. L-1 INKless results usually come directly to DMHA.
7. Local county criminal history background check (not city) for every county you have lived in for the past 5 yrs. All background screen results must be less than one year old when being submitted.
Note: If the applicant lives in *Marion County*, use <https://www.in.gov/ai/appfiles/isp-lch/> for the local criminal history search. Detailed directions are included later in this guide. Otherwise, search on-line for your local county criminal background screen location or go to your local county sheriff's offices.
8. The **CPS Background History Check Request Form & CPI/CPS Portal (also known as MaGIK | Gateway or KidTraks)** (see <https://www.in.gov/dcs/3929.htm>) **All individual providers** must download this form and complete **Section B** found on the Provider Information webpage. Include this copy with your application to DMHA. DMHA Youth Services will submit a request to DCS through the MaGIK portal for you. At that time, you will receive two emails. One advising you of the submission and instructions for on-line access and another with a password to login. You will need to login and complete

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this electronic form on-line with all requested details and then submit it. DMHA will receive your submission, review, then submit the electronic form to DCS/CPS who will in turn review and complete the background check. After completion, CPS will forward the document to DMHA. Once DMHA has received the final results, an original will be kept at DMHA for completion of your background screen requirements and a copy will be forwarded to you for your records.

All agencies must use the CPI/CPS portal. Agencies must create an account if you don't already have one. All requests for employee history checks should be submitted by you as the Organization. Checks are required for all employees (including the owner if also rendering services as an employee of the agency). The results must be included in your application submission.

MaGIK | Gateway

Applications

CPI/CPS Portal



Partners



Indiana Department of Child Services "CPI/CPS Portal" FAQs can be found on the DCS website. Here's a link: <https://magik.dcs.in.gov/BackgroundCheck/Files/FAQ.pdf>

CAUTION. DO NOT SUBMIT SELF-CHECKS: Do not use Self-Checks! FSSA Audit does not accept or approve self checks at time of provider services audit. If so, providers will be found uncompliant. Self-Checks do not meet the legal requirements for a CPS background history check. Request and submit as an Organization through the MaGIK portal.

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9. Drug screen results. All drug screen results provided to DMHA must be less than one year old. They can come directly to DMHA or you may provide us a copy in the application. Either way, results are verified with the company.
10. For providers **reauthorizing** for services providing proof of CEUs and/or training hours: Make sure that the copies of certificates contain the (1) title of the course; (2) your name, (3) hours of training, and (3) date(s) of training, or they **cannot** be accepted.

Continuing education training logs are not acceptable nor are generic list of training information containing the name of training, hours and dates as this is not a certification of training and does not show proof of attendance. See accepted training in the **CMHW Module pages 63 to 65** and examples of organizations that provide acceptable training on *page 22 of this guide*.

11. All agency owner/employees must include their name as well as the agency name when submitting any emails to DMHA. Add your agency name or employee's name in order not to hold up your processing time.

The turnaround process for applications is approximately 4 weeks.

See the CMHW Module (manual) Section 13 regarding all of this information.

Closing your CMHW Services:

A provider may wish to voluntarily close their profile and services at any time by submitting the request in writing to DMHA at olga.murray@fssa.in.gov

If a provider does not wish to reauthorize at time of reauthorization, the provider may request to voluntarily close their account services by submitting the request in writing to the DMHA to olga.murray@fssa.in.gov. However, providers who elect to voluntarily close at the time will not be eligible to apply for any DMHA Youth Services program for a period of no less than three (3) years from the date of closure

Providers who fail to submit or provide a complete application (including the complete amount of continuing education required) will not be eligible for reauthorization or to apply for any DMHA Youth Services program for a period of no less than three (3) years from the date of termination.

See the CMHW Module, subheading: *Reauthorization Process and Provider Responsibilities* found on pages 61 to 63.

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PROCEDURE FOR INCOMPLETE APPLICATIONS

Before submitting your application read this regarding incomplete applications.

This applies to new applications, new employee applications, and reauthorizations.

All DMHA-approved Youth HCBS Providers (agencies and individuals) are required to submit applications for authorization and reauthorization. Authorization is required prior to enrollment as a provider of CMHW services. Reauthorization occurs on the schedule below and is required to remain an active provider of CMHW services. *See pages 57 & 58 of the CMHW Provider Module under Section 13* for more information regarding incomplete applications.

Reauthorization Schedule:

- Accredited Agency: At least every three years
- Non-Accredited Agency: At least every two years
- Individual Provider: At least every two years

Incomplete applications will be returned!

Application packets submitted with missing forms or documents are incomplete and will not be processed. The submission will be returned to the applicant via email along with an explanation of the missing elements. The applicant/provider will be required to **resubmit the entire application**. Do not piecemeal missing items to DMHA. They will be returned.

Don't contribute to a lengthy application process!

The biggest reason that the DMHA CMHW application processing takes so long is due to the large amount of incomplete applications and reauthorizations that are submitted to DMHA. A large portion of this is due to *missing initials and signatures on application forms and missing and/or expired documents*.

The failure to read and follow the checklist and directions within the applications result in a tremendous amount of time itemizing, corresponding, and explaining which items are still required for approval.

Parts I, II, and III show application checklists. After this example will follow.

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Part I:

NEW PROVIDER APPLICANTS

Application Checklist for New Provider Applicants

(See page 23 of this guide for reauthorization checklists.)

- **Application Cover Sheet** (*only one cover sheet need be provided even if adding multiple employee*)
- **Provider Demographics** (*Only one demographic form need be provided for multiple rendering providers.*) *Be sure to complete **Section B** and include necessary items.*
- **Provider Agreement** (*complete, initial where indicated, sign, and date*)
 - **For Agencies – include agency level documentation** (*articles of incorporation, certifications, or accreditations*).
- **Rendering Provider Application** *A rendering provider application form and the following documentation must be provided for each employee. If applying for multiple services, there is no need to duplicate documents. Check the appropriate boxes by the applicable/approved services. The rendering provider initials and signs. Current agencies must provide NPI.*
 - **Section B: Service Specialty and Counties of Service.** *Check the box(s) by the **services** you have been approved for and wish to serve (HAB, FST, and/or RES). The **counties** you wish to serve in must be included in this section. If this is left blank, the application is incomplete and will be returned. See PowerPoint directions for adding/removing counties.*
 - **Section C: Required Documentation.** *Follow the list of required documentation starting here.*
 - Copy of your résumé (*must be the same résumé approved by DMHA prior to application*)
 - Copy of High School Diploma; GED (or copy of your advanced degree)
 - Copy of current CPR certification
 - Copy of valid driver's license (must be legible, please enlarge if possible)
 - **Section D: Background Screens/Checks.** *Include a screen for every state and county you have lived in for the past 5 years. (**Accredited agencies to keep these on file at agency**) *****These results are good for only one year.***
 - 5 panel drug screen
 - Copy of law enforcement County criminal history background screen(s).
These are double checks that must be submitted to DMHA besides the

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National Fingerprints and are required for the CMHW program. They can be obtained at the local county

government offices, sheriff's offices, or on-line. *Include a county screen for every state and county you have lived in for the past 5 years.*

- Department of Child Services Statewide background check. (A pre-filled form and instructions can be located on the Provider Information webpage. Complete and submit to your local CPS Office, NOT the downtown office. OR submit a request through the KidsTraks / MaGIK portal.
- Fingerprint (L-1 Inkless) based National and State Criminal History background screen (copy of results usually comes directly to DMHA) See page 27 of this guide for detailed steps.
- **Section E: Proof of Vehicle Registration & Insurance.** For Habilitation & Respite Providers
 - Copy of **current** vehicle registration
 - Copy of **current** Automobile Insurance coverage card (*showing the matching Vehicle Identification Number.*) ***This is usually what you would provide a Police Officer upon request/or at scene of an accident. DMHA does not require declaration pages or how much liability you have.***

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PART II:

RESPIRE SERVICES

Adding Home- and Community-Based Respite Services

There are three scenarios where you will likely add Home- and Community-Based Respite services. The following provides the application procedure for each scenario:

1. Adding Respite on the *initial* application along with HAB & FST Services (after having passed training).

Providers who have passed Habilitation and FST training are eligible to take the Respite webinar training located on the provider information page (see the CMHW Module page 73 *Provider and Service Addition Requests*). DMHA will have record of the providers who have passed the Hab & FST training, but NOT the Respite training. Providers must include the copy of the completed and signed Respite webinar certificate that is obtained at the end of the Respite webinar in their application packet for this service to be added along with HAB & FST. If the submitted application has the Respite service box checked on the Rendering Provider Application Form but does not include a Respite certificate, it will be returned as incomplete.

2. Adding Respite later after starting HAB & FST services:

You may wish to add Respite services later after you've been approved and are providing Hab & FST services. If so, you may submit a completed copy of the application cover sheet, check the boxes, adding a service and include the copy of the completed and signed Respite webinar certificate that is obtained at the end of the webinar. Submit this to DMHA so that HCB Respite can be then added to your services and show on the picklist. If this request does not include a Respite certificate, it will be returned as incomplete.

3. Applying for Respite only:

If a provider wishes to apply for Respite services only, and has not taken HAB or FST training, a resume must be submitted to FSSA DMHA Youth Services at DMHAYouthservices@fssa.IN.gov attention Julie Bandy for review of qualifying experience in order to be approved to take the respite webinar. Upon approval from Julie Bandy, the provider may take the respite webinar located on the Provider Information webpage. Providers must include (1) the copy of the completed and signed respite webinar certificate that is obtained at the end of the respite webinar and (2) a copy of the email from Julie Bandy approving the provider to take the respite webinar. Submit everything required as a new application following checklist for *new providers Part I* or following the checklists *To Add New Employee(s) found in Part III* of this guide (whichever is applicable to you).

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PART III:

ADDING NEW EMPLOYEE(S) FOR NON-ACCREDITED AGENCIES

Application Checklist & Instructions to Add New Employee/Employee

All new CMHW employees/employee need to have passed HAB & FST (and or Respite) training. Complete rendering applications must be submitted to DMHA even if they have worked for or are currently working as an employee for another agency. Each agency must have complete documents on hand for their employee.

There is no need to send a Demographic Form or Provider Agreement when adding employee.

- (1) An application Cover Sheet and the
- (2) Rendering Provider Application with all of the
- (3) Documentation listed below.

The agency representative must complete the application. The employee reviews, initials, and signs. The agency representative must then submit the application for their employee along with all required background checks and documents on the checklist. Do not send employees that are not on the picklist to interview with families. They must be an approved rendering provider on the picklist to interview and partner with a family.

- **Application Cover Sheet:** Only one cover sheet is needed even if adding multiple employee) Use this form to add/remove counties, update demographic (address, phone, or main contact) information.
- **Rendering Provider Application:** A rendering provider application form and the following documentation listed below must be provided for each new employee. Only one set of documents are needed per employee even if choosing multiple services. check the appropriate boxes. This form must be initialed (3 places by each item in Section G) and signed by the employee. Current agencies must provide NPI before submission.
 - **Section B:** *Service Specialty and Counties of Service*. Check the box(s) by the services your employee has been approved for (HAB, FST, and/or RES). Only include the counties *this employee will be working in*. If you are adding/removing counties for your agency, submit this request separately. See PowerPoint instructions for adding/removing counties on the Provider Information webpage.
 - **Section C:** *Required Documentation*. See the required documentation for Rendering Providers.
 - Copy of your résumé (*must be the same résumé approved by DMHA prior to application*)
 - Copy of High School Diploma; GED (or copy of your advanced degree)
 - Copy of current CPR certification
 - Copy of valid driver's license (must be legible, please enlarge if possible)

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- **Section D: Provider screenings.** *Include all the required background screens or checks for every state and county your employee has lived in for the past 5 years. The completed CPS/DCS electronic form submitted through the MaGIK portal should show all counties your employee has lived in. Use it for reference. **All screens & criminal history results are good for only one year (12 months).***
 - 5 panel drug screens
 - Copy of local county criminal history background screen(s) lived in the past 5 years.
 - Department of Child Services Statewide background check (submit through MaGIK portal).
 - Fingerprint (L-1 Inkless) based National and State Criminal History background screen (copy of results usually comes directly to DMHA) See page 27 for detailed steps.
- **Section E: Habilitation & Respite Providers should also submit:**
 - Copy of **current** vehicle registration showing matching *Vehicle Identification Number (VIN on the provided insurance coverage card.*
 - Copy of **current** Automobile Insurance coverage card (*showing the matching Vehicle Identification Number. This is a card or id that you would usually provide a Police Officer at the scene of an accident. DMHA does not require declaration pages or need to know how much liability you have.*

If the dates of your registration and insurance information is expired, the application will be returned as incomplete.

Agency owners: All employees must be reauthorized at the same time the agency reauthorizes, no matter when they started.

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PART IV:

PROVIDER REAUTHORIZATION

Application Checklist For Reauthorizations For Individual Providers Or Non-Accredited Agencies

Every employee has the same certification end-date as the agency.

First print and review your Provider Summary found on the Incident report portal:
<https://dmhareport.fssa.in.gov/>.

Mark out any employees who are no longer with you and/or who you are not reauthorizing so that we know, and they can be removed from the picklist.

Mark out any counties you're so no longer providing services in so that they can also be removed from the picklist.

If you **just** hired an employee within the last year of your reauthorization and all of their criminal history background checks or screens are current (under one year), you do not need to submit another packet for them for reauthorization. Mark their hire date on your provider summary so we can reference it..

You should contact DMHA to update any of your demographic changes immediately, like change of address, phone numbers, etc. However, if you see a need to make demographic changes at time of reauthorization, mark them clearly on Application Cover Sheet and add them to your Demographic Form, otherwise it may be missed.

Changes to counties of service should be requested separately from your reauthorization submission. PowerPoint directions for downloading your Provider Summary Report and making changes or adding counties can be are found on the Provider Information webpage under Technical Guidance. The PowerPoint is named *County updates for HAB, FST, and RES providers*.

Part 1: Non-accredited Agency or Individual Level Documentation

- Application cover sheet (*new - 1 form per submission*)
- Provider demographic form (*new - completed and signed*)
- Copy of Articles of Incorporation (*for agencies only*)
- Provider agreement (*new signature and current date*)

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Part 2: Non accredited Agency or Individual Employee Level Documentation for

Habilitation, Respite & FST Rendering Provider

- Rendering Provider Application (*new – one form per employee - check the services that you and/or your employee(s) are reauthorizing for, on this form.*)
- Copy of Employee Driver's License (*enlarged and legible*)
- Copy of current CPR
- Copy of current auto insurance (*with matching VIN# of vehicle registration*)**
- Copy of vehicle registration (*with matching VIN# of auto insurance*)**
- A five-panel drug screen
- Local (county-based) criminal history screen(s) from your local county gov offices or local county sheriff's offices. These are double checks required by the CMHW program.
- State and local department of child services abuse registry screening (Child Protective Services – from your local county's CPS office) Agencies must use MaGIK Portal to submit CPS background checks for all employees. The Central office business unit will not process hard copies.
- Fingerprint-based state and national background screen
- All 20 training hours/credits for the past two years (*in chronological order*)

Copy of your *auto insurance* or *vehicle registration* is not required **if you/your employee are reauthorizing as an FST provider only. (in other words, if FST is the only service they will provide.)

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Until further notice, during COVID-19 and until new information is provided. all applications, reauthorizations, demographic changes must be emailed.

Send files in pdf format in the order of your document checklist
as shown on applications to:

Olga.Murray@fssa.IN.gov

&

Sheila.Crawford@fssa.IN.gov

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NEXT STEPS AFTER RECEIVING APPROVAL AS A NEW CMHW PROVIDER

Step 1

Once a completed application is processed and approved by DMHA, approval letters are emailed to providers. After you receive your CMHW approval letter, you can then proceed to enroll in IHCP (Medicaid) for billing. Instructions for next steps are also included in the approval letter and in the body of the email that is sent to you. Read carefully!

By now you should have familiarized yourself with the Medicaid Provider Enrollment Process and Provider Information, it was part of your first steps! All agencies will be required to pay an enrollment fee to IHCP (Medicaid).

All IHCP Provider questions must be directed to IHCP. See IHCP provider information <https://www.in.gov/medicaid/providers/index.html>

Step 2

For detailed webpage and PowerPoint instructions on registering and enrolling (creating a provider account) with IHCP, see PowerPoint Instructions provided by DXC Technology.

The PowerPoint is located on the *Provider Information webpage*:

<https://www.in.gov/fssa/dmha/youthservices/provider-information/>

Scroll down to the subheading: **Provider training webinars** and click on the link by:

- **CMHW providers enrolling in IHCP (Medicaid):** [IHCP enrollment guide for CMHW providers](#)

While in this webinar, you may download the PowerPoint presentation by clicking on the name of the file on the bottom of the webinar screen to highlight, and then clicking download files.

The following is the Child Mental Health Wraparound enrollment policy (announcement from 1/2/2020) showing group enrollment guidance: (same as shown on page 5.

Provider Type	Taxpayer ID	NPI Type for enrollment	Employee Rendering NPI Requirement
Accredited Agency	Employer Identification Number	Group NPI only	Each CMHW-authorized employee must obtain a rendering NPI, be enrolled and linked to the group
Non-Accredited Agency	Employer Identification Number	Group NPI only	Each CMHW-authorized employee must obtain a rendering NPI, be enrolled and linked to the group
Individual	Social Security Number	Billing	N/A

All agencies will be required to pay an enrollment fee to IHCP (Medicaid) upon enrollment.

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Step 3

Providers will be contacted regarding further information and/or enrollment approval by **Medicaid (DXC)**. Once you receive your copy of the approval letter from DXC, we ask that you send us a scanned legible copy via email to olga.murray@fssa.in.gov, in order to be activated in the database so that your name will begin to appear on the picklist and be eligible to be placed on a Plan of Care (POC) and bill for services. See *CMHW Module Page 60*.

Notice: DMHA must receive a copy of your Medicaid approval letter(s) and NPI within six (6) months of approval. Failure to enroll in Medicaid **and** submit their approval letter(s) along with a copy of your email from the NPI enumerator webpage containing the rendering provider's *rendering NPI* number within 6 months of CMHW approval, will result in your account profile expiration and automatic termination in the database.

Step 4

After approval and activation, you will be showing on the provider picklist, the rest is up to you!

Examples for obtaining and completing documents are provided in the following pages:

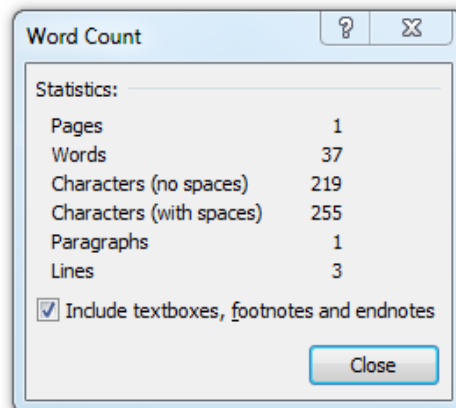
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EXAMPLE FOR SPECIALTY COMMENTS -

Most providers create specialty comments that are too lengthy to add to the database. Specialty comments can only be up to 256 characters, **this includes spaces and punctuation marks**. Try reviewing and editing the specialty comment in an MS Word document as shown below. After starting, click on **Words** at the bottom left of the screen. See the example below, a box will come up that will provide the *Word Count statistics*. Check the amount of characters under **Characters (with spaces – spaces are counted!)**. This will assist in editing and keeping under the 256 character count.

Copy and paste it into an email and send it to us so that we can, in turn, copy your statement and paste into the database. This example of a specialty comment shown below is just within the space allotted. It has 255 Characters (with spaces).

~~I have experience working with children and adolescents with a variety of diagnosis and have helped children and young adults find greater independence, gain emotional and behavioral control, and achieve positive outcomes with hard work and determination. ¶~~



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EXAMPLE OF DMHA YOUTH PROVIDER REAUTHORIZATION SCHEDULE



Reauthorizations are due **60 days**

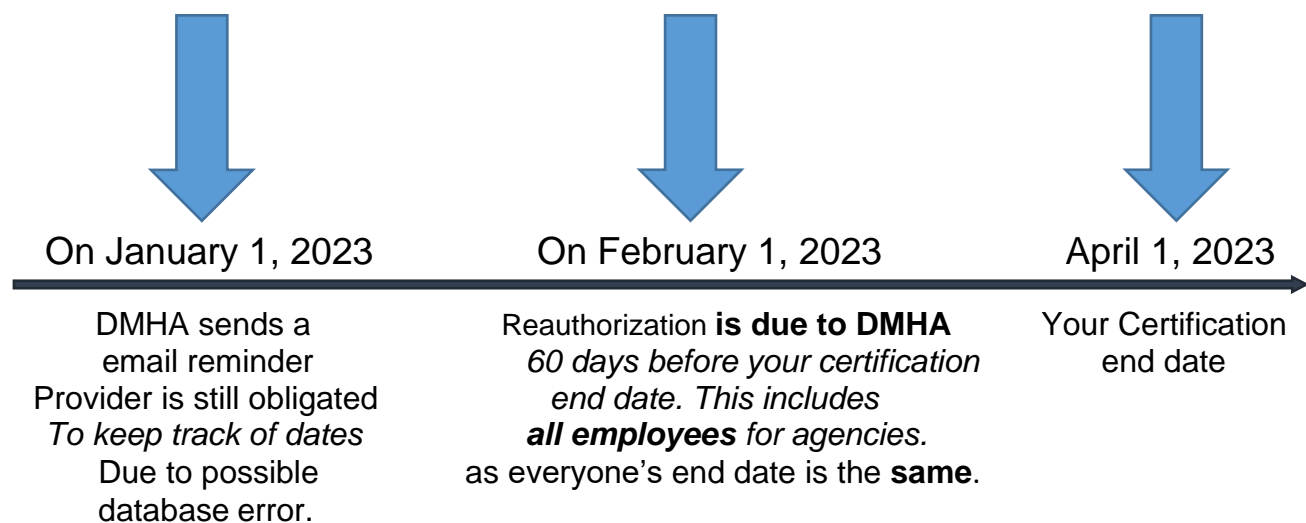
before your Certification End Date.

- 1.) A computerized email reminder goes out to the email address DMHA has on file 90 days before your **certification end date**. These may fail to send due to technological issues out of our control. You are responsible for tracking your reauthorizations.
- 2.) A due date is provided in the reminder email which is calculated at 60 days before your certification end date. So, you have 30 days to submit your reauthorization application to DMHA.
- 3.) If you are an accredited or unaccredited agency with employees, **all of your employees are to be reauthorized at this same time**, along with your agency.

Example

This example is for an unaccredited agency or an individual provider whose certification period is for **two years**:

Let's say you were certified on **April 1, 2021** your certification end date is **April 1, 2023**.



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CONTINUING EDUCATION AND CERTIFICATION REQUIREMENTS **DMHA REQUIRES 10 HOURS OF TRAINING PER YEAR**

All CMHW services providers are expected to engage in ongoing professional development. Renewal of approval requires the successful completion of no less than 10 hours of professional development training or conferences per approval year. For example, a provider approved on April 1 is expected to obtain 10 hours of training and professional development before April 1 of the following year. **See CMHW Module Section 13.**

Schedule yourself for starting your reauthorization process 90 days before certification end date. Set appointment date to submit your reauthorization before the 60 day due date to DMHA. or you will receive a Formal Notice of Suspension for failure to submit a timely reauthorization.



Example for an Unaccredited Agency or an Individual Provider whose certification period is for two years:

If you were certified on **July 1, 2017** your certification end date is **July 1, 2019**

July 1, 2017 ←————→ **July 1, 2018** ←————→ **Jul 1, 2019**

*10 hours of training
should be taken during
this time period.*

*10 hours of training
should be taken during
this time period.*



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CONTINUING EDUCATION - CERTIFICATE REQUIREMENTS

All providers are required to obtain continuing education. For Reauthorization, DMHA requires submission of certificate information for 10 hours of training per each certification year as shown in detail on the previous page.

All CEU/Training Certificates should have:

- (1) Title of the course;
- (2) Provider name;
- (3) Training hours, and
- (4) Date course was taken


If the amount of training hours and proof of training is not supplied to DMHA in the application for reauthorization, the application is considered incomplete. The reauthorization cannot be approved and the provider will, therefore, be terminated.

See subheading Continuing Education And Reauthorization Requirements in the CMHW Provider Module starting on page 63.

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EXAMPLES OF WEB SITES AND LOCATIONS FOR CONTINUING EDUCATION TRAINING

- ✚ **SOC Annual Conference** usually provides 5.5 training credits or more for attendance. Watch for announcements in your emails. Have you signed up for email announcements?
<http://www.in.gov/fssa/dmha/2747.htm>

- ✚ **Collaborative Change**  click on link for and times <https://www.collaborative-change.com/trainings>

- ✚ **TF-CBT Web** TF-CBT Web, a web-based learning course for Trauma-Focused Cognitive-Behavioral Therapy. <http://tfcbt.musc.edu/>

- ✚ **Foster Care & Adoptive Community Training**. Distance Learning Program
<http://www.fosterparentstest.com/store/index.htm>



- ✚ <http://www.aspin.org/testsite/index.php>
<http://www.aspin.org/training/>

- ✚ **Free State Social Work, LLC** for On-Line Continuing Education:
http://www.freestatesocialwork.com/?page_id=202



- ✚ Learn about educational programs provided at Libraries, etc. at <http://mhai.net/>



- ✚ The Indiana Youth Institute:
<https://www.iyi.org/> <https://www.iyi.org/professional-development/trainings>



- ✚ NAMI Provider Education and Resources <https://www.nami.org/Find-Support/NAMI-Programs/NAMI-Provider-Education>

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PROCEDURE FOR REGISTERING WITH INKLESS FINGERPRINTING

FOR DMHA PROVIDERS

CMHW Providers are not employees of FSSA. Agency designation is under the National Child Protection Act. Do not choose FSSA in the first option. If these directions are not followed exactly as shown below, the results will not come to DMHA. The fingerprint procedure will have to be retaken and paid for again, causing delay in approvals.

To register online go to www.in.gov/inkless

1. At this site, scroll down the webpage and click on the button

"Request a Fingerprinting Appointment Online"

2. On the IdentGO page that opens, click on

"Schedule a New Appointment"

3. On the 'Agency' page drop down menu click on **"All Others"** (at the very bottom of list. Do not choose FSSA)

Click GO

4. On 'Applicant Type' page drop down menu click on **"NCPA Employee Background Check."**

Click GO

(NCPA means National Child Protection Act)

5. Next at 'NCPA' page drop down menu click on:

"FSSA – Div. of Mental Health & Addiction (INAP00479)"

6. Complete Acknowledgement/Release.

Click GO

7. Enter your zip code or region (where you can click on map) to determine the closest fingerprinting location.

8. Now choose a center and date to schedule an appointment


9. Fill out the application information and follow the rest of the prompts.

*Per the site instructions, payment can be made electronically by credit card or debit card at time of scheduling. You can also pay at the fingerprinting service center by cashier's check or money order. Your fingerprints are sent to ISP electronically, and the response will be sent to DMHA **only if you followed these steps correctly.***

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PROCEDURE FOR LOCAL MARION COUNTY BACKGROUND CHECKS

For Indiana State Police Limited Criminal History Report: Go to <http://www.in.gov/ai/appfiles/isp-lch/> see this sample report below:

	INDIANA STATE POLICE LIMITED CRIMINAL HISTORY	<i>accessIndiana</i> www.IN.gov	
The following is an edited transcript of the criminal history record contained in the files of the Central Repository, Indiana State Police. All entries are based on information supported by fingerprints in this agency.			
Information Released To: Name: test user Address: test street City/St/Zip: test city IN 12345 Phone: 123-456-7890		Date: 08/23/2004 Page: 1 Receipt: 2955459 Operator: <i>accessIndiana</i>	
This request is in accordance with IC 10-13-3-27 and may not be used for any other purposes.			
Subject of Record			
Name	Race	Sex	Birth Date
user, test	U	U	XX-XX-XXXX
Offender Name RECORD, TEST		SID# 0000000002	
Sex	Race	Birth Date	Hgt Wgt Eyes Hair Plc of Birth
M	W	03/22/1950	511 193 BLU BLN IN
Alias(es) RECORD, TEST			
Date(s) of Birth 11/11/1911 12/12/1912			
Arrest 001 12/12/1998			
Arrest Detail: Agency: STATE POLICE HEADQUARTERS (INISP0000) Original Charge: JAYWALKING (Class , MISDEMEANOR); Counts: 2			
Prosecutor/Court Detail: Cause# Unknown			
Filed Charge: THEFT (Class B, FELONY) Amended Charge: ARMED ROBBERY (Class A, FELONY) Counts: 002 Disposition: GUILTY Sentence: 5 YEARS Suspended: 2 YEARS			

Search Again

accessIndiana
www.IN.gov

Results are good for one year only!

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INCIDENT REPORTS

All approved CMHW providers are responsible for ensuring the health a welfare of participants in the program. To accomplish this, DMHA has established an incident reporting process.

Providers must complete an Incident Report in any of the following situations:

- Sentinel event – This type of event is defined as a serious and undesirable occurrence involving the loss of life, limb, or gross motor function for a participant or individual providing services for a program participant, and must be reported to the DMHA within 24 hours.
- Critical incident – Must be reported to the DMHA within 72 hours. Examples of this type of event include:
 - Use of restraint
 - Elopement
 - Medication error (pertains to errors that occur when the participant is not in the home or care of the parent/caregiver)
 - Serious injury
 - Suicide attempt
 - Seclusion
 - Violation of rights
 - Incident requiring police or Child Protective Services response/involvement
 - Neglect, abuse, or exploitation

Incident reports can be filed through the Incident Report Portal. Link and example is provided on the following page:

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INCIDENT REPORTS (CONTINUED)

Site link for IR Web Portal: <https://dmhareport.fssa.in.gov/>



State of Indiana DIVISION OF MENTAL HEALTH AND ADDICTION



[User Guide](#)

[Initial Incident Report](#)

[Follow-Up to Initial Incident Report](#)

[Complaint Report](#)

Welcome to the DMHA Incident, Follow-Up and Complaint Reporting website

NOTICE TO USERS: Please be advised, the Indiana Office of Technology (IOT) only supports Internet Explorer. If you access this site via Mozilla (Firefox), Safari, Chrome or some other agent, errors may occur. Thank you.

This website is for filing appropriate initial incident, follow-up and complaint reports as required by the State of Indiana Division of Mental Health and Addiction. Please review the User Guide for additional assistance and explanation of each web form.

This site is maintained by the Division of Mental Health and Addiction. Please report any technical problems with the website by sending an e-mail to DMHA.Admin@fssa.in.gov. Please direct policy related questions to DMHAYouthservices@fssa.in.gov.

A user guide is provided on the portal home page as well as access to enter follow-ups to incident reports.

For more information about Incident reporting please see Section 11, of the CMHW Module.

COMPLAINTS:

To report a complaint, go to this same portal. And click on **Complaint Report** on the left side of the portal.

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RESOURCES FOR INDIANA SYSTEM OF CARE

Providers are encouraged to explore, become familiar and learn to navigate through all the SOC webpages. For everyone's convenience, there are many direct links provided here. Any one of these webpages can also be found through the menus on the left column of the SOC website.

Learn to navigate through the DMHA
Indiana Youth Systems of Care Website

About Indiana System of Care: <https://www.in.gov/fssa/dmha/youthservices/> from here, click on CMHW Program (on left column) and then select Provider Information. Have you learned the difference between wraparound and wraparound facilitation?

SOC events are always located on the DMHA Calendar. We encourage everyone to make a habit of reviewing it from time to time:

DMHA Calendar:

<http://www.in.gov/activecalendar/CalendarNOW.aspx?fromdate=1/1/2014&todate=1/31/2014&display=Month&display=Month>

On the left column where Agency Name appears, hit dropdown arrow to select "Family & Social Services Administration" and then select category and click on "search." This will filter to include wraparound services.

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RESOURCES FOR HIGH FIDELITY WRAPAROUND

Community Access Sites: <http://www.in.gov/fssa/dmha/2773.htm>

Program Description (overview) of Child Mental Health Wraparound Services: <http://www.in.gov/fssa/dmha/2766.htm>

Wraparound Facilitation SITE COACHES: For Approval of resumes of Wraparound Facilitator applicants; certification training and coaching on High Fidelity Wraparound for Wraparound

Facilitators: Quality Assurance and approval for participant Eligibility Reviews, Intervention Plans (which generate Notices of Action for all providers), Care Plans and Crisis Plans.

- Amber Busch: Amber.Busch@fssa.IN.gov
- Heidi Gross: Heidi.Gross@fssa.in.gov
- Jenifer Gibson: Jennifer.Gibson@fssa.IN.gov
- Jessica Morris: Jessica.Morris@fssa.IN.gov
- Lyndsey Kappel: Lyndsey.Kappel@fssa.IN.gov

OTHER IMPORTANT RESOURCES

Indiana Youth SOC Youth M.O.V.E. Indiana <http://www.in.gov/fssa/dmha/2743.htm>

Youth M.O.V.E. Indiana (Statewide Chapter):
<http://familyorgdirectory.fmhi.usf.edu/viewOrg.cfm?orgID=1419>

Division of Family Resources: <http://www.in.gov/fssa/thehub/2545.htm>

Indiana Department of Child Services: <http://www.in.gov/dcs/>

Children's Mental Health Initiative: <http://www.in.gov/dcs/3401.htm>

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RESOURCES FOR IHCP (MEDICAID)

IHCP Providers Main page:

<https://www.in.gov/medicaid/providers/index.html>

Indiana Medicaid for Providers – Portal

Registration and enrollment:

<https://portal.indianamedicaid.com/hcp/Default.aspx?alias=portal.indianamedicaid.com/hcp/provider>

IHCP Provider Reference Materials

Medicaid Modules (Manuals) can be found on the FSSA Indiana Medicaid for Providers Webpage: <https://www.in.gov/medicaid/providers/469.htm>

Provider relations field consultant in your area:

<https://www.in.gov/medicaid/providers/490.htm>

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DMHA PROVIDER TEAM

CONTACT INFORMATION

Submit all resumes DMHAYouthservices@fssa.IN.gov

For questions related to:

Policies for DMHA Youth Program, including:

- New provider/agency enrollment and requirements for CMHW
- Résumé reviews, and approval for training for HCBS Habilitation, Respite, Facility Based Respite, and Training & Support for the Unpaid Caregiver
- Training for HAB, FST, & RES.
- Questions regarding enrollment for IHCP (Medicaid) for CMHW

Contact Julie Bandy, PROVIDER SPECIALIST: Julie.Bandy@fssa.IN.gov, 317-232-7892

For questions related to:

- Incident Reports, IR procedure and follow-ups
- Quality Improvement reviews
- Access site policies, Access site key contacts
- Reauthorizations for CMHW Access Sites

Contact Tanya Merritt-Mulamba, CLINICAL QA IMPROVEMENT SPECIALIST:

Tanya.Merritt-Mulamba@fssa.in.gov, 317-232-7889

For questions related to:

- CMHW Provider applications, application processing
- CMHW Provider Reauthorizations
- Resource guide updates

Contact Olga Murray PROVIDER COORDINATOR: Olga.Murray@fssa.IN.gov 317-232-7934